

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/144,398	08/31/98	604	3734	002933.P001C

APPLICANT

THOMAS C. KURACINA, OAK VIEW, CA; RANDALL E. OHNEMUS, VENTURA, CA;
CRAIG W. SMITH, VENTURA, CA; RICHARD COHEN, AGOURA HILLS, CA.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CON OF 08/807,328 02/27/97

1/25/CO
PAT 5879337

371 (NAT'L STAGE) DATA***

VERIFIED

none

FOREIGN APPLICATIONS***

VERIFIED

none

FOREIGN FILING LICENSE GRANTED 09/22/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 38	TOTAL CLAIMS 136	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

BLAKELY SOKOLOFF TAYLOR & ZAFMAN
12400 WILSHIRE BOULEVARD
SEVENTH FLOOR
LOS ANGELES CA 90025-1026

TITLE

NEEDLE TIP GUARD FOR HYPODERMIC NEEDLES

FILING FEE
RECEIVED

\$1,806

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
NO. _____ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other _____
- ☐ Credit



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4788

SERIAL NUMBER 09/144,398	FILING DATE 08/31/1998 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 002933.P001C
APPLICANTS THOMAS C. KURACINA, OAK VIEW, CA; RANDALL E. OHNEMUS, VENTURA, CA; CRAIG W. SMITH, VENTURA, CA; RICHARD COHEN, AGOURA HILLS, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/807,328 02/27/1997 PAT 5,879,337				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/22/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 38	TOTAL CLAIMS 132
INDEPENDENT CLAIMS 3				
ADDRESS 007663				
TITLE NEEDLE TIP GUARD FOR HYPODERMIC NEEDLES				
FILING FEE RECEIVED 1824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	